

Formality Review Claims Count Sheet

Case No. _____

Date: ____/____/____

As Filed			As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1	1		41			81			121			161		
2			42			82			122			162		
3			43			83			123			163		
4			44			84			124			164		
5			45			85			125			165		
6		5	46			86			126			166		
7		①	47			87			127			167		
8		3	48			88			128			168		
9		3	49			89			129			169		
10		3	50			90			130			170		
11		3	51			91			131			171		
12		3	52			92			132			172		
13		3	53			93			133			173		
14		3	54			94			134			174		
15		3	55			95			135			175		
16		3	56			96			136			176		
17		①	57			97			137			177		
18		①	58			98			138			178		
19		①	59			99			139			179		
20		①	60			100			140			180		
21		①	61			101			141			181		
22		①	62			102			142			182		
23		①	63			103			143			183		
24		①	64			104			144			184		
25		①	65			105			145			185		
26		1	66			106			146			186		
27		1	67			107			147			187		
28		2	68			108			148			188		
29		1	69			109			149			189		
30		3	70			110			150			190		
31		①	71			111			151			191		
32		①	72			112			152			192		
33		①	73			113			153			193		
34			74			114			154			194		
35			75			115			155			195		
36			76			116			156			196		
37			77			117			157			197		
38			78			118			158			198		
39			79			119			159			199		
40			80			120			160			200		
T. Ind.			T. Ind.			T. Ind.			T. Ind.			T. Ind.		
T. Dep			T. Dep			T. Dep			T. Dep			T. Dep		
Total			Total			Total			Total			Total		

33
58
1